

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K34990

FILED
Apr 04, 2005
Secretary of State

Entity Name: SOUTHERN ADJUSTMENT SERVICES, INCORPORATED

Current Principal Place of Business:

P O BOX 848923
PEMBROKE PINES, FL 33084

New Principal Place of Business:

Current Mailing Address:

P O BOX 848923
PEMBROKE PINES, FL 33084

New Mailing Address:

FEI Number: 65-0074791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COROLLA, SAMUEL
4250 SW 59 AVE
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SDP () Delete
Name: COROLLA, SAMUEL,
Address: 5900 SW 42 PL
City-St-Zip: DAVIE, FL

Title: VPS () Delete
Name: COROLLA, CONNIE
Address: 5900 SW 42 PL
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SDP (X) Change () Addition
Name: COROLLA, SAMUEL,
Address: 4250 SW 59 AVE
City-St-Zip: DAVIE, FL 33314

Title: VPS (X) Change () Addition
Name: COROLLA, CONNIE
Address: 4250 SW 59 AVE
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM COROLLA

PRES

04/04/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date